

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-0127-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. W, MD
(Treating or Requesting)	

October 6, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Medical Director

CLINICAL HISTORY

Documents Submitted for Review: Peer review analysis Dr. R, MD 8/2/04. Peer review analysis Dr. P, MD 5/26/04. Peer review analysis Dr. N, MD 6/2/04. Request for consideration Dr. H, MD 8/13/04. Various progress notes from Dr. H, MD including detailed progress note 6/30/04. RME Dr. Y, MD 4/27/04.

A 57-year-old male furniture salesman injured _____ attempting to move a set of box springs and mattresses. The patient reported twisting low back injury. He has had continued low back pain radiating into the right greater than left legs radiating down the posterolateral aspects of the legs to the tops of the feet. The pain is aggravated by walking, standing, driving and sitting. The patient reports paresthesias and weakness in the right foot. The patient is status post right L4-5 discectomy, remote. CT myelogram of 10/23/03 revealed a right sided protrusion with inferior migration at L3-L4 and status post surgical changes with right sided protrusion at L4-5 and osteocyte indenting the thecal sac at L5-S1. EMG/NCV of 10/15/01 revealed chronic right L5-S1 and left L5 radiculopathy. The patient had the right L4-5 laminectomies/discectomy 1/18/99 with good results but a gradual return of pain. On neurological examination on 4/27/04 there was 4/5 strength in the right EHL, decreased light touch and pinprick in the right L4-5 dermatomal distribution and absent left ankle jerk. The patient has responded well to repeated right L4 epidural steroid injections. Apparently he has had three injections in the last six months or less.

REQUESTED SERVICE(S)

Selective nerve root block (at the right L4 nerve root).

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Even though epidural steroid infiltrations are most always used for temporary symptomatic treatment after an acute intravertebral disc herniation, and even though this patient's anatomical findings on CT myelogram and EMG and physical findings on exam are somewhat mixed, the epidural steroid injections have been providing him good temporary relief and it is clear from the note from _____, PA-C for Dr. H, MD that decompressive lumbar surgery is imminent for _____ as soon as some fairly urgent family matters can be arranged. This reviewer is, therefore, in agreement with Dr. Y, MD that the requested selected

nerve root blocks are reasonable and necessary as related to the injury of ____.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8th day of October, 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: